

HAMPTON HISTORY MUSEUM

VOLUNTEER APPLICATION

NAME:	(LAST) (FIRST) (M.I.)	DATE:	
ADDRESS:			HOME #:
CITY & STATE:			ZIP CODE:
CURRENT OCCUPATION:		WORK #:	Email:
AVAILABILITY:	CIRCLE DAYS AVAILABLE:	MON	TUE
I PREFER:	A) MORNINGS	AFTERNOONS	EVENINGS
(CHECK ONE)	B) SHORT TERM	LONG TERM	
	C) REGULAR SCHEDULE	OCCASIONALLY (ON CALL)	
Number of hours available for volunteer work per week?			
TYPE OF ACTIVITY:	SPECIAL EVENTS	EDUCATIONAL PROGRAMS - CHILDREN	
CHECK ALL IN WHICH YOU HAVE INTEREST	COLLECTIONS	EXHIBITIONS AND RESEARCH	
	DOCENT/TOUR GUIDES	ADMINISTRATION INCLUDING GRANTS AND FUNDRAISING	
PRIOR EXPERIENCE:			
EDUCATION/TRAINING			
HOBBIES/INTERESTS:			
REFERENCES:			
	1. NAME ADDRESS PHONE NUMBER		
	2. NAME ADDRESS PHONE NUMBER		
CONTACT IN CASE OF EMERGENCY:	(NAME) (RELATIONSHIP)		
ADDRESS:			PHONE: